

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101018958

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1						
2			1			
3				1		
4				3		
5				3		
6				3		
7			1			
8				1		
9				3		
10				3		
11				3		
12				3		
13			1			
14				1		
15				1		
16				3		
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49						
50						
TOTAL IND.			4			
TOTAL DER.			44			
TOTAL CLAIMS			48			

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	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS